

PROFESSIONAL/ GENERAL REFERENCE



Please fill out the top section and present to an individual who has known you for over one year and is not a relative.

TO BE COMPLETED BY THE APPLICANT:

Program:

- Doctor of Ministry
- Marriage & Family Therapy
- Mental Health Counseling
- MS Education
- Masters of Social Work
- Organizational Management
- MBA
- MS Organizational Leadership

Enrollment Date:

- Fall, 20_____
- Spring, 20_____
- Summer, 20_____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ PREFERRED _____

ADDRESS, CITY, STATE, ZIP _____ D.O.B. (mm/dd/yy) _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

Signature _____ Date _____

TO BE COMPLETED BY THE REFERENCE:

The above named applicant is applying for admission to Nyack College/Alliance Theological Seminary. Upon completion, please mail, email or fax as indicated on the back of this form. We value your comments, and ask that you provide a full and candid report so that fair consideration may be given to the applicant.

How long have you known the applicant? _____

How well do you know the applicant? (check on scale)

What is the nature of your relationship? Teacher Friend Mentor
 Colleague Employer Other _____

1	2	3	4	5
Casual		Fairly Well		Very Well

Please keep in mind (and check) the comparison group you use to rate the applicant: College Seniors First Year Grad Students Professional Educator Other _____

Academic Ability

	Below Average	Average	Above Average	Outstanding	No Chance to Observe
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth-Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character

Integrity/Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry Potential (for ATS & AGSC applicants only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching Ability Complete for MS Education applicants ONLY:

Content Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Educational Theorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Envisions & Creates a Positive Learning Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete for ATS and AGSC applicants ONLY:

Do you observe the following attitudes within the applicant?	Definitely No	Yes			Unable to Judge
		Minor	Moderate	Significant	
Anxious/Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual Need for Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry/Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushy/Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy/Seclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hasty/Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Sensitive to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For ALL applicants:

If there is any additional information you think will assist us in the evaluation process, please provide such information below.

Your evaluation of this candidate for admission:

Some talented individuals have mediocre scholastic records. Is the applicant's scholastic record, as you know it, an accurate index of her/his scholastic ability?

Yes No Do Not Know

For Academic Promise:

Not Recommended Recommended without Enthusiasm Strongly Recommended Enthusiastically Recommended

For Character and Personal Promise:

Not Recommended Recommended without Enthusiasm Strongly Recommended Enthusiastically Recommended

Overall Recommendation:

Not Recommended Recommended without Enthusiasm Strongly Recommended Enthusiastically Recommended

Mr. _____
 Mrs. FULL NAME
 Miss _____
 Ms. POSITION ORGANIZATION/CHURCH
 Dr. _____
 Rev. STREET ADDRESS, CITY, ST, ZIP

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

Nyack/ATS Alumnus? Yes No

Would you like to receive information about Nyack? If yes, please check which programs:

Undergrad Degree Completion MBA MS Organizational Leadership MS Education MSW
 Church Management Healthcare Management Seminary DMin

Signature _____ Date _____

Return to: Nyack College Admissions
 2 Washington Street
 New York, NY 10004

Fax to: 212.226.6254

Scan and email to: admissions@nyack.edu